

SECTION A County/Provider Information

1. Date:\_\_\_\_\_

2. County Name: \_\_\_\_\_

3. Provider Name: \_\_\_\_\_

4. Provider ID No.: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_

6. Provider Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

7. Telephone No.: (\_\_\_\_) \_\_\_\_\_

8. Fax No.: (\_\_\_\_) \_\_\_\_\_

9. E-mail Address: \_\_\_\_\_

10. Type of Contract: ☐ In-County Contract  
☐ County Operated  
☐ Out-of-County Contract

SECTION B Program Information

1. Program Status Please check the appropriate box. ☐ New Program - Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Existing Program

2. Program Description Please provide a brief description of the program.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. ADP Negotiated Net Amount Contract Prevention Business Practices:  
Please check all the boxes that apply.

	Yes	No
(a) <u>Assessment of Needs with Data:</u> Do you, through the use of data relevant to specific communities, identify at risk and under-served populations and their environmental risks related to alcohol and other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <u>Prioritize &amp; Commit to Purpose:</u> Do you, through local or regional advisory bodies (coalitions), establish prevention priorities for the assessed needs; provide a sound validation for the selection of priorities and identify the benefits; and provide evidence that identified priorities and desired outcomes are culturally relevant to priority populations?	<input type="checkbox"/>	<input type="checkbox"/>
(c) <u>Determine Outcome Objectives &amp; Measurements:</u> Do you establish the desired goal/outcome, objectives, and actions using well-defined terms; determine the “who, what, where, when and how” that will attain these; and specify how prevention actions will be measured to monitor interim and final results?	<input type="checkbox"/>	<input type="checkbox"/>
(d) <u>Proven Prevention Strategies:</u> Do you select prevention activities/services based on identified theories or practices supported by evaluation/research evidence that substantiates these actions are, or promise to be, effective for attaining the desired outcome and select or adapt actions to assure they are culturally relevant to the intended populations and communities?	<input type="checkbox"/>	<input type="checkbox"/>
(e) <u>Evaluate Measured Results &amp; Improve:</u> Do you use goal and objective measurements to assess steps toward achieving the desired outcome as well as the final results and apply this data to continuously refine, strengthen, and sustain the prevention effects?	<input type="checkbox"/>	<input type="checkbox"/>

4. Accessibility

Please check all the boxes that apply to the program services accessible to persons who may have disabilities related to the following:

☐ (a) Hearing

☐ (b) Mobility

☐ (c) Vision

☐ (d) Speech

☐ (e) Mental

☐ (f) Developmental

☐ (g) Other (specify) \_\_\_\_\_

5. Strategies Delivered

Please check all boxes that apply to the strategy forms that will be completed and included in this package.

☐ (1) Information Dissemination (ADP 7235B)

☐ (2) Education (ADP 7235C)

☐ (3) Alternatives (ADP 7235D)

☐ (4) Problem Identification & Referral (ADP 7235E)

☐ (5) Community-Based Process (ADP 7235F)

☐ (6) Environmental (ADP 7235G)

SECTION A Provider/Program Information

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3. Provider Name: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

SECTION B Service Populations

Please check all boxes that apply. Asterisks\* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers\*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth\*

☐ (f) Economically Disadvantaged\*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

☐ (z) Persons Using Substances\*

☐ (aa) Persons With Physical Disabilities\*

☐ (bb) Physical/Emotional Abuse Victims\*

☐ (cc) Pregnant Women/Teens\*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth\*

☐ (jj) School Dropouts\*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter in the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
				(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	Total	(a) Under 5	(b) 5 – 9	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	Total	(a) Male	(b) Female	(c) Other	Total
(a) Brochures/Pamphlets Disseminated																									
(b) Conferences/Fairs																									
(c) Health Fairs/Promotions																									
(d) Newsletters Disseminated																									
(e) Resource Directories Disseminated																									
(f) Speaking Engagements																									
(g) Other (specify) _____																									

C5 Services Not Requiring Demographics		Frequency			Frequency
(h)	A/V Materials Developed - Original		(p)	Newsletters Developed – Original	
(i)	A/V Materials Disseminated		(q)	Printed Materials Developed (other than above)	
(j)	Brochures/Pamphlets Developed		(r)	Printed Materials Disseminated	
(k)	Clearinghouse/Info Resource Centers in Operation		(s)	Public Service Announcements Developed - Original	
(l)	Curricula Developed – Original		(t)	Public Service Announcements Aired	
(m)	Curricula Disseminated		(u)	Resource Directories Developed – Original	
(n)	Media Campaigns Developed		(v)	Telephone Information Service Calls	
(o)	Media Campaigns Conducted		(w)	Web Sites in Operation	

SECTION D Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At large

☐ (c) Community Center

☐ (d) County/Provider Office

☐ (e) Criminal Justice System

☐ (f) Faith Center

☐ (g) Health Center/Clinic

☐ (h) Hospital

☐ (i) Parks/Recreation

☐ (j) Public Housing

☐ (k) Residential Treatment

☐ (l) School

☐ (m) Street Outreach

☐ (n) Transitional Housing

☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify)  
\_\_\_\_\_  
\_\_\_\_\_

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

2. Provider ID No.: \_\_\_\_\_

3. Provider Name: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

SECTION B Service Populations

Please check all boxes that apply. Asterisks\* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers\*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth\*

☐ (f) Economically Disadvantaged\*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

☐ (z) Persons Using Substances\*

☐ (aa) Persons With Physical Disabilities\*

☐ (bb) Physical/Emotional Abuse Victims\*

☐ (cc) Pregnant Women/Teens\*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth\*

☐ (jj) School Dropouts\*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter in the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
				(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	Total	(a) Under 5	(b) 5 – 9	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	Total	(a) Male	(b) Female	(c) Other	Total
(a) Children of Substance Abusers Groups																									
(b) Classroom Education Services																									
(c) Educational Services for Youth Groups																									
(d) Friday Night Live (FNL)/Club Live/FNL Kids																									
(e) Mentoring																									
(f) Parenting/Family Management Services																									
(g) Peer Leader/Helper Program																									
(h) Preschool ATOD Prevention Programs																									
(i) Small Group Sessions																									
(j) Theatrical Troupes																									
(k) Other (specify) _____																									

SECTION D  
Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At Large

☐ (c) Community Center

☐ (d) County/Provider Office

☐ (e) Criminal Justice System

☐ (f) Faith Center

☐ (g) Health Center/Clinic

☐ (h) Hospital

☐ (i) Parks/Recreation

☐ (j) Public Housing

☐ (k) Residential Treatment

☐ (l) School

☐ (m) Street Outreach

☐ (n) Transitional Housing

☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) \_\_\_\_\_

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

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3. Provider Name: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

SECTION B Service Populations

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☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

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☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

☐ (z) Persons Using Substances\*

☐ (aa) Persons With Physical Disabilities\*

☐ (bb) Physical/Emotional Abuse Victims\*

☐ (cc) Pregnant Women/Teens\*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

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☐ (gg) Religious Groups

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☐ (jj) School Dropouts\*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

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☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Service Delivered

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(a) ATOD-Free Social/ Recreational Events																									
(b) Community Drop-In Centers Operating		N/A																							
(c) Community Drop-In Center Activities																									
(d) Community Service Activities																									
(e) Friday Night Live (FNL) Club Live/FNL Kids																									
(f) Outward Bound																									
(g) Recreational Activities																									
(h) Youth/Adult Leadership Activities (includes Mentoring)																									
(i) Other (specify) _____																									

SECTION D

Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At Large

☐ (c) Community Center

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☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) \_\_\_\_\_

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

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3. Provider Name: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

SECTION B Service Populations

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☐ (d) College Students

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☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

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☐ (y) People With Mental Health Problems\*

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☐ (cc) Pregnant Women/Teens\*

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☐ (ee) Prevention/Treatment Professionals

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☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Service Delivered

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(a) Employee Assistance Programs																									
(b) DUI/DWI/MIP Education Programs																									
(c) Mens Alternative to Violence Programs																									
(d) Prevention Assessment and Referral Services																									
(e) Student Assistance Programs																									
(f) Womens Alternative to Violence Programs																									
(g) Other (specify) _____																									

SECTION D  
Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At Large

☐ (c) Community Center

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☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) \_\_\_\_\_

SECTION A Provider/Program Information

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4. Contact Person: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

SECTION B Service Populations

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☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

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☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

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☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter in the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
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(a) Community/Volunteer Services for Training																									
(b) Friday Night Live (FNL) Club Live/FNL Kids																									
(c) Technical Assistance (TA)																									
(d) Training Services																									
(e) Other (specify) _____																									

C5 Services Not Requiring Demographics

		Frequency
(f)	Assessing Community Needs/Assets	
(g)	Accessing Services/Funding	
(h)	Community Team Activities (Multi-agency coordination/collaboration)	
(i)	Formal Community Teams	
(j)	Systematic Planning Services	

SECTION D Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At large

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☐ (g) Health Center/Clinic

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☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) \_\_\_\_\_

SECTION A Provider/Program Information

1. County Name: \_\_\_\_\_

3. Provider Name: \_\_\_\_\_

5. Telephone No.: (\_\_\_\_) \_\_\_\_\_

2. Provider ID No.: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

4. Contact Person: \_\_\_\_\_

SECTION B Target Environments Please check all boxes that apply.

**B1 Places:**

☐ (a) Alcohol Outlets

☐ (b) AOD Treatment/Recovery

☐ (c) Correctional Facilities

☐ (d) Faith Center

☐ (e) Health Care Facilities

☐ (f) Hotel/Motel

☐ (g) Neighborhoods

☐ (h) Open Space

☐ (i) Public Facilities

☐ (j) Residences

☐ (k) Schools

☐ (l) Shopping/Commercial Area

☐ (m) Vehicles

☐ (n) Workplace

☐ (o) All other places (specify) \_\_\_\_\_

**B2 Events:**

☐ (p) Block/Street Parties/Community Events

☐ (q) Conventions and Trade Shows

☐ (r) County Fairs and Other Mass Events

☐ (s) Graduation/Other Institutional Events

☐ (t) National/State Holiday Celebration

☐ (u) Special Events for Affinity Groups

☐ (v) Other (specify) \_\_\_\_\_

B3 Problems and Environmental Approaches Used Please check all boxes that apply.

Problems	Approaches								Problems	Approaches							
	Info/Ed	Presentation	Mass Rally	Networking	Training	Docu- mentation Observation	Official Action	Media		Info/Ed	Presentation	Mass Rally	Networking	Training	Docu- mentation Observation	Official Action	Media
(a) Public Inebriation/Public Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Youth Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Loitering, Littering, Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Illicit Drug Dealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Heavy Drinking or Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Driving Under the Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Workplace/Other Org. Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Other Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(j) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4 Service Populations

Please check all boxes that apply. Asterisks\* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers\*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth\*

☐ (f) Economically Disadvantaged\*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems\*

☐ (z) Persons Using Substances\*

☐ (aa) Persons With Physical Disabilities\*

☐ (bb) Physical/Emotional Abuse Victims\*

☐ (cc) Pregnant Women/Teens\*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth\*

☐ (jj) School Dropouts\*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) \_\_\_\_\_

SECTION C Environmental Services Provided For The Reporting Years

	No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(a) Zoning Ordinances for Alcohol Outlets, New			
(b) Zoning Ordinances, Abate Existing Outlets			
(c) Drinking in Public Ordinances Passed/Improved			
(d) One-Day Event Requirements Passed/Improved			
(e) School Policies Passed/Improved (K-12)			
(f) School Policies Passed/Improved (college)			
(g) Workplace Policies (not EAP, programs only)			
(h) State ABC Regulations Passed/Improved			
(i) Other Local Control Powers Passed/Improved			

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	No. of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(j) Social Host Training/Management Programs			
(k) Commercial Host Training/Management Programs			
(l) Holiday Campaigns and Special Events			
(m) Managing Hi-risk Advertising/Billboard Controls			
(n) Facility Design to Prevent AOD Problems			
(o) Improved Enforcement			
(p) Neighborhood Mobilization			
(q) Community Development			
(r) Other (specify)			